

BOARD OF PHYSICAL THERAPY EXAMINERS LICENSURE OF OUT-OF-STATE APPLICANTS

An applicant applying for out-of-state licensure must hold a current license in another state and must have taken and passed the national registry examination (PES/FSBPT), national physical therapy examination (NPTE) or the national physical therapy assistant examination (NPTAE). All examination scores must be reported directly to the Board office through the Interstate Reporting Service. A passing score on the NPTE or NPTAE must be equal to or higher than a scaled score of 600. A passing score for those that have taken the national registry examination must be in accordance with the overall pass/fail grades as mandated by the national registry (generally this is 1.5 standard deviation below the national mean).

Applicants for out-of-state licensure must file with the Board office an application, which must include the following:

1. A \$50.00 out-of-state licensure application fee and a \$25.00 original licensure fee. The check should be made payable to the Board of Physical Therapy Examiners.
2. A copy of the certificate of graduation (physical therapy diploma) or official transcripts from a CAPTE accredited physical therapy school or physical therapist assistant curriculum.
3. A recent photograph of the applicant, taken within the last six months.
4. Three statements of good moral character, one of which is a professional reference from a licensed physical therapist, and two others from persons with knowledge of the applicant within the past five years. **All reference letters must be sent directly to the Board office from the reference source.** Three forms for obtaining the reference statements are included.
5. Verification(s) of licensure from **ALL** states which the applicant **is or has been licensed in**. A form is included for obtaining the verification(s). The form may be copied as needed.
6. Verification of physical therapy or physical therapy assistant instruction and graduation. A form is included for your use. Make copies of the form as needed.
7. A completed Jurisprudence Examination which is an open book examination covering current Montana physical therapy statutes and rules, subject to Title 37, chapters 1, and 11, Montana Code Annotated. To pass the examination an applicant must score at least a 90%. Applicants failing the Jurisprudence Examination shall retake the examination until passed. A fee of \$5.00 will be charged for each retake. The examination is included in this packet.
8. The national examination scores must be reported directly to the Board by the Interstate Reporting Service. A form requesting the transfer of scores is included. The fee for transferring the scores is paid by the applicant directly to the Interstate Reporting Service. The transfer of scores may take as long as six weeks, therefore, the transfer request should be submitted immediately by applicant to avoid time conflicts.

Upon receipt of a completed application (including all supporting documentation), it will take approximately two (2) weeks to make a determination on licensure.

AN OUT-OF-STATE LICENSURE APPLICANT MAY BE ISSUED A TEMPORARY LICENSE PENDING PERMANENT LICENSURE UPON RECEIPT OF THE FOLLOWING:

1. Completion of an Endorsement Application for PT or PTA Temporary License form, and payment of the \$50.00 temporary license fee.
2. A completed Licensure Application submitted to the Board office.
3. A copy of applicant's diploma, or official sealed transcripts, or verification of instruction and graduation form completed by applicant's physical therapy school of study.
4. Receipt of all three reference letters by the Board Office
5. Verification of current licensure from at least one state submitted to the Board office.
6. Successfully passage of the Jurisprudence Examination submitted to the Board office.

The temporary license will expire when the Board makes its final determination on permanent licensure or within one year from date of issuance which ever occurs first (37-11-309, MCA, Temporary license).

NOTE: 8.42.406(3), ARM, requires that applicants applying for out-of-state licensure who have not been actively engaged in the physical therapy profession in the five years immediately preceding application will be required to undergo continued study in the field of physical therapy. Subject to the discretion of the Board continued study may include, but will not be limited to, the following:

- | | |
|----------------------------|---|
| a. supervised internships; | d. pertinent graduate or undergraduate course work; |
| b. independent study; | e. pertinent continuing education courses; and |
| c. refresher course; | f. specialized study in a specific area. |

GENERAL INFORMATION FOR FILING AN OUT-OF-STATE APPLICATION

1. Complete the application in its entirety. Incomplete applications will delay the process.
2. Make certain that all information is legible.
3. Keep the Board office informed of any address change.
4. Note that all fees are non-refundable.
5. Read the laws and rules governing the practice of physical therapy.
6. File your application early to avoid encountering time conflicts.
7. Direct all correspondence to:

Board of Physical Therapy Examiners
Federal Building, 4th Floor
P.O. Box 200513
Helena, MT 59620-0513
Office Phone: (406) 841-2369 FAX: (406) 841-2305
EMAIL: dlibsdp@mt.gov
WEB SITE: <http://pt.mt.gov>

**MONTANA BOARD OF PHYSICAL
THERAPY EXAMINERS**

**301 South Park, 4TH Floor
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Helena, Montana 59620-0513
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e-mail: dlibsdppt@mt.gov**

Website: <http://www.pt.mt.gov>

AFFIX
PHOTO
HERE

SHOULD HAVE BEEN
TAKEN WITHIN THE
LAST SIX MONTHS

Application for Licensure as:

- ☐ **Physical Therapist**
☐ **Physical Therapist Assistant**

Application by:

- ☐ **Examination**
☐ **License from Another State**

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip Country

5. HOME ADDRESS _____
Street or PO Box # City and State Zip Country

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE: () () ()
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. NAME OF SCHOOL ATTENDED _____

CITY/STATE OF SCHOOL _____

DATE OF GRADUATION FROM SCHOOL _____

11. EMPLOYMENT HISTORY (List all places where you have practiced as a physical therapist or physical therapist assistant in the last five years. Give complete facility name and mailing address, if necessary use a supplementary page).

Please answer the following questions. **If you answer yes, give specific details (names of organizations, dates, reasons, and outcome, etc.) on a Supplement Sheet.**

12. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? ☐ Yes ☐ No

13. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No

14. Have you ever been denied the right to take this profession's licensing examination in any state? ☐ Yes ☐ No

15. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

16. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? ☐ Yes ☐ No

17. Has your license (certificate) ever been forfeited or surrendered? ☐ Yes ☐ No

18. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? ☐ Yes ☐ No

19. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? ☐ Yes ☐ No

20. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? ☐ Yes ☐ No

21. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. ☐ Yes ☐ No

22. Have you ever been charged with fraud, formally or informally, in any civil proceeding? ☐ Yes ☐ No

23. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? ☐ Yes ☐ No

24. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? ☐ Yes ☐ No

25. Have you read the Physical Therapy Laws and Rules for the State of Montana? ☐ Yes ☐ No

26. Have you ever practiced any other branch of the Healing Arts? ☐ Yes ☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board.

ATTENTION: PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant _____

Dated _____

Subscribed and sworn to by me this _____ day of _____, _____ at _____

City/State _____

Notary Public _____

SEAL

For the State of _____

My commission expires _____, _____.

BOARD OF PHYSICAL THERAPY EXAMINERS
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WEB SITE: <http://pt.mt.gov>

This form is to be completed by the applicant's physical therapy school and filed in the office of the Montana Board of Physical Therapy Examiners. The applicant should complete Section I of the form and forward the form to their physical therapy or physical therapist assistant school for verification of graduation. The school is requested to complete Section II of the form and return the completed form directly to the Board office at the address given above. (If the applicant has attended more than one school, verification from each school must be obtained. The applicant may copy this form as needed.)

SECTION I

To: _____

From: _____

SECTION II

VERIFICATION OF INSTRUCTION AND GRADUATION

I, hereby certify that, _____, attended
(name of applicant)

_____ years of **(physical therapy)** or **(physical therapist assistant)** instruction at:

(Name of University)

State/Providence

and that the applicant received the degree of _____
(type of degree)

on the _____ day of _____, _____.

Signature of Registrar

Date

-- School Seal --

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Each applicant will have three statements of good moral character submitted by the following: **one reference** which is a professional reference from a licensed physical therapist and **two references** from persons with knowledge of the applicant within the past five years. The applicant should complete Section I and forward the form to their selected reference person. (References cannot be relatives.) Section II and III are to be completed by the reference people. The completed form is to be sent directly to the Board office from the reference source.

SECTION I:

To: _____

From: _____

SECTION II:

CERTIFICATE OF GOOD MORAL CHARACTER

This certifies that I have been personally acquainted or have worked with _____ for _____ years, and that I believe the applicant to be of good moral character. I recommend the applicant to the Montana Board of Physical Therapy Examiners to become licensed as a physical therapist or a physical therapist assistant under Title 37, Chapter 11, MCA.

Signed: _____ Dated: _____

Position: _____

Address: _____

Phone Number: _____

☐ I recommend ☐ I highly recommend ☐ I recommend with reservations

SECTION III: Please use the other side of this form to provide personal or professional remarks.

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LICENSE CERTIFICATION FROM THE STATE IN WHICH APPLICANT IS
NOW OR HAS BEEN LICENSED

I, _____, Licensing Administrator of the _____
_____, hereby certify that _____, was granted State certification
number _____ to practice _____, in the State of _____ on the _____
_ day of _____, _____ on the basis of _____. This individual graduated
from the _____.

Status of License ___ Current Expiration Date _____
 ___ Expired Date _____

Have any legal/disciplinary actions been initiated against this licensee? ___ Yes ___ No If yes,
explain: _____

Have any final legal or disciplinary actions been imposed against this licensee?

_____ Yes _____ No If yes, please submit a copy of the Final Order.

Name Title Dated

- Board Seal -

BOARD OF PHYSICAL THERAPY EXAMINERS

JURISPRUDENCE EXAMINATION

(To pass this examination you must score at least 90%) **\$25.00 RETAKE FEE**

Applicant's Name: _____ Date Taken: _____

ANSWER TRUE OR FALSE. YOU MAY USE "T" FOR TRUE OR "F" FOR FALSE.

1. _____ The Board may request an oral interview with an applicant prior to licensure.
2. _____ When an examination candidate fails the NPTE (National Physical Therapy Examination), a temporary license may be granted while waiting to retake the examination.
3. _____ At least twenty hours of continuing education is required biennially for the renewal of the physical therapy and physical therapist assistant license.
4. _____ As provided by law and rule, unprofessional conduct includes sexual misconduct, false advertising and misrepresentation in any aspect of the conduct of the profession.
5. _____ All applicants for licensure or renewal must report any legal or disciplinary actions against them that relate to the propriety of their practice or their fitness to practice.
6. _____ A written complaint of suspected violation of the Physical Therapy Statutes or Rules specifying the grounds for the complaint may be filed with the Board.
7. _____ Monthly re-evaluation visits by the supervising physical therapist to patients treated offsite by a physical therapy assistant is considered appropriate supervision of this supportive personnel.
8. _____ A physical therapy assistant may not administer tests and measurements as a component of the physical therapy evaluation.
9. _____ A physical therapy student or physical therapy assistant student may practice without the onsite supervision of a licensed physical therapist.
10. _____ If a foreign-trained physical therapist has a valid unrestricted license in the United States jurisdiction in which they are currently practicing, they are not required to have their educational credentials evaluated by a board-approved credentialing agency.
11. _____ A temporary license is automatically granted to an out-of-state applicant if they currently hold a physical therapy license in another United States jurisdiction.
12. _____ The Board defines periodic checks, supervision and direct supervision to mean onsite guidance by a licensed physical therapist of a physical therapy aide.
13. _____ Physical therapy evaluation includes the administration, interpretation and evaluation of tests and measurement of bodily functions and structures.
14. _____ A licensed physical therapist may not concurrently supervise more than four aides or the equivalent or two assistants and two aides or the equivalent.
15. _____ Unauthorized representation of oneself, orally or in writing, as a licensed therapist may include an investigation and possible legal action resulting in a misdemeanor charge.
16. _____ Failure to receive a renewal notice shall constitute grounds for failure to make a timely renewal.

17. _____ A continuing education program is defined as a class, institute, lecture, conference, workshop, cassette or videotape, correspondence course or peer-review of publication of a journal article(s), textbook(s), or online course.
18. _____ The Montana Chapter of the APTA governs and controls the functions of the Montana Board of Physical Therapy Examiners.
19. _____ The primary responsibility for physical therapy care rendered by the supportive personnel is to rest with the supervising physical therapist.
20. _____ A copy of the written prescription from an authorized licensed medical provider specifying the topical medication to be applied and the method of application must be retained in the patient's physical therapy medical records.
21. _____ A person who is not licensed as a physical therapist assistant may assist a physical therapist in the practice of physical therapy as long as the physical therapist is onsite.
22. _____ The Board may refuse to license any applicant who is, in the judgment of the Board, guilty of immoral or unprofessional conduct as defined by Board rule.
23. _____ Failure to report child abuse or abuse of the elderly constitutes unprofessional conduct under the physical therapy regulation.
24. _____ A licensee may reactivate a lapsed license within 45 days after the April 1 renewal date.
25. _____ The licensee shall display their original license in a conspicuous place in the principal office where they practice physical therapy.

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**ENDORSEMENT APPLICANTS - PHYSICAL THERAPIST
OR PHYSICAL THERAPIST ASSISTANT - TEMPORARY LICENSE APPLICATION**

To be completed by the endorsement applicant:

I, _____, hereby apply for a temporary
license to practice physical therapy in the State of Montana.

I presently hold a license in (State) _____.

I understand that the temporary license will expire when the Board of Physical Therapy
Examiners makes a final determination on my endorsement application.

Signature of Applicant

Date